

**Section 15. Pilot program requirements for applicants proposing to initiate or increase child and adolescent psychiatric beds**

Sec. 15 (1) An applicant proposing the initiation of a child/adolescent psychiatric service shall demonstrate or provide the following:

(a) A written recommendation, from the Department or the CMH that serves the county in which the proposed beds or service will be located, shall include an agreement to enter into a contract to meet the needs of the public patient. At a minimum, the letter of agreement shall specify the number of beds to be allocated to the public patient and the applicant's intention to serve patients with an involuntary commitment status.

(b) The number of beds proposed in the CON application to be allocated for use by the public patients shall not be less than 50% of the beds proposed in the CON application.

(c) The minimum number of beds in a psychiatric unit shall be at least 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant demonstrates to the satisfaction of the Department, that travel time to existing units would significantly limit access to care.

(2) An applicant proposing an increase of child/adolescent psychiatric beds shall demonstrate or provide the following:

(a) An applicant may apply for the addition of new child/adolescent psychiatric beds if all of the following subsections are met. Further, an applicant proposing new beds at an existing licensed psychiatric hospital or unit site shall agree and assure compliance with all applicable project delivery requirements.

(i) The beds are being added at the existing licensed site.

(ii) The average occupancy rate for the applicant's facility was at least 40% during the most recent, 12-month period, as of the date of submission of the application, for which verifiable data are available to the Department.

(b) Proof of current contract or documentation of contract renewal, if current contract is under negotiation, with at least one CMH or its designee that serves the planning area in which the proposed beds or service will be located.

(c) Previously made commitments, if any, to the Department of CMH to serve public patients have been fulfilled.

(d) The number of beds proposed in the CON application to be allocated for use by public patients shall not be less than 50% of the beds proposed in the CON application.

(e) The minimum number of beds in a psychiatric unit shall be at least 10 beds. The Department may approve an application for a unit of less than 10 beds, if the applicant demonstrates, to the satisfaction of the Department, that travel time to existing units would significantly impair access to care.

(3) An applicant proposing the initiation of a child/adolescent psychiatric service under this section shall demonstrate that it meets the requirements of Section 12.

(4) An applicant proposing the initiation of a child/adolescent psychiatric service under this section shall demonstrate that it meets the requirements of Section 13.

(5) An applicant proposing the initiation of a child/adolescent psychiatric service under this section shall demonstrate that it meets the requirements of Section 14.

(6) An applicant proposing the replacement of a child/adolescent psychiatric beds under this section shall demonstrate that it meets the requirements of Section 6.

(7) An applicant proposing the acquisition of a child/adolescent psychiatric service under this section shall demonstrate that it meets the requirements of Section 10.

(8) An applicant proposing the initiation of a child/adolescent psychiatric service under this section shall not be subject to comparative review.

(9) An applicant proposing the initiation of a child/adolescent psychiatric service under this section shall not be required to be in compliance with the needed psychiatric hospital bed supply if the application meets all other applicable CON review standards and agrees and assures to comply with all applicable project delivery requirements.

(10) The applicant shall not relocate any child/adolescent psychiatric beds approved under this section prior to September 30, 2030 and prior to the child/adolescent beds being licensed and operational.

(11) The Commission may decide to allow applicants to retain the beds approved under this section if they can demonstrate an average occupancy rate of at least 40%.

(12) If the Commission does not take action to extend the duration of the pilot program described in this section, the provisions of this section will expire on September 30, 2030 and after that date will be of no further force and effect. These provisions shall not be applicable to any application submitted after September 1, 2030.